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The Mediating Role of Difficulties in Emotion Regulation in the Relationship Between Sociotropy, Autonomy, and Psychological Symptoms

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ABSTRACT

Sociotropy/autonomy are personality constructs within cognitive theory that reflect maladaptive tendencies and are commonly associated with depressive symptoms. Although the relationship between personality traits and psychological symptoms has been widely studied, increasing attention has focused on variables such as difficulties in emotion regulation (DIER) that may shape this association. This study examined whether DIER indirectly influences the relationship between sociotropy/autonomy and psychological symptoms. The sample consisted of 341 individuals without a psychiatric diagnosis. The results indicated significant positive associations among the main variables. Mediation analyses showed that DIER significantly mediated the relationship between sociotropy and psychological symptoms, whereas in the relationship between autonomy and psychological sypmtoms had no mediating effect. These findings suggest that sociotropy and autonomy may play differential roles in emotion regulation processes. The unique pattern observed for autonomy may reflect broader sociocultural dynamics, underscoring the need for further research to test the robustness of the model across different populations and methodological approaches.

Keywords: Autonomy, difficulties in emotion regulation, psychological symptoms, sociotropy.

ÖZ

Sosyotropi, Otonomi ve Psikolojik Belirtiler Arasındaki İlişkide Duygu Düzenleme Güçlüğünün Aracılık Rolü

Sosyotropi ve otonomi, bilişsel kuram içinde yer alan, uyumsuz eğilimleri yansıtan ve sıklıkla depresif belirtilerle ilişkilendirilen kişilik yapılarıdır. Kişilik özellikleri ile psikolojik belirtiler arasındaki ilişki geniş ölçüde incelenmiş olmakla birlikte, son yıllarda bu ilişkiyi şekillendirebilecek değişkenlere -özellikle duygu düzenleme güçlüklerine (DDG)- yönelik ilgi arttı. Bu çalışmada, duygu düzenleme güçlüklerinin sosyotropi/otonomi ile psikolojik belirtiler arasındaki ilişkiyi dolaylı olarak etkileyip etkilemediği incelendi. Araştırmanın örneklemini herhangi bir psikiyatrik tanısı bulunmayan 341 birey oluşturdu. Bulgular, temel değişkenler arasında anlamlı ve pozitif ilişkiler olduğunu gösterdi. Aracılık analizleri, duygu düzenleme güçlüklerinin sosyotropi ile psikolojik belirtiler arasındaki ilişkide anlamlı bir aracılık rolü üstlendiğini; ancak otonomi için böyle bir aracılık etkisinin bulunmadığını ortaya koydu. Bu bulgular, sosyotropi ve otonominin duygu düzenleme süreçlerinde farklı rollere sahip olabileceğini düşündürmektedir. Çalışma, kişilik özellikleri ile psikolojik belirtiler arasındaki ilişkiyi açıklayan mekanizmaları ortaya koyarak literatüre katkı sağlamaktadır. Otonomi için gözlenen özgün örüntü, daha geniş sosyokültürel dinamikleri yansıtıyor olabilir ve bu durum, modelin farklı örneklemler ve yöntemsel yaklaşımlar üzerinden sağlamlığının test edilmesi için daha fazla araştırmaya ihtiyaç olduğunu vurgulamaktadır.

Anahtar Kelimeler: Otonomi, duygu düzenleme güçlüğü, psikolojik belirti, sosyotropi.

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INTRODUCTION

There have been numerous perspectives on the definition and classification of personality throughout history. Although early descriptions of personality date back to the Before Christ era, the concept became more objective and measurable with the contributions of Hippocrates (Farmer et al., 2002; Thomas & Segal, 2006). Common themes across these varying definitions include relatively stable internal processes (e.g., emotions and cognitions) and consistent patterns of behavior (Burger, 2006).

Cognitive theory, which began to gain prominence in the late 1900s, also addressed personality as a key area of inquiry (Ellis, 1994). The emphasis on how personality traits and behavioral differences arise from variations in information-processing mechanisms reflects a distinct cognitive approach to understanding personality (Ellis, 1994). Beck's conceptualization similarly adopts a cognitive framework, highlighting that cognitive distortions and biases in information processing can shape and influence personality (Beck et al., 1979). Building on this framework, Beck's personality classification highlights two core dimensions: sociotropy and autonomy (Beck et al., 1979). Early research identified these traits in individuals with depression (Stein et al., 2007). Although these personality dimensions are conceptualized as reflecting the more vulnerable or maladaptive aspects of personality, their negative content is characterized by themes such as interpersonal dependency and success intolerance (Beck, 1983).

Sociotropy refers to an individual's tendency to seek positive interpersonal relationships and the value placed on relational needs, such as love, emotional closeness, and approval. Individuals with high sociotropy have a strong need for the affection and validation of others (Beck, 1983). This personality trait is characterized by cognitive and behavioral patterns in which an individual's thoughts and actions are shaped by the desire to attain personal satisfaction through approval from others, as well as by tendencies toward dependent and passive interpersonal behaviors (Beck, 1983). Autonomy is a concept associated with personal independence, success, and the importance placed on individuality (Sato & McCann, 1998). Individuals with high autonomy are goal-oriented, controlled, and reserved in interpersonal relationships. Setting a goal, achieving it, and managing their environment and work are satisfying for these individuals (Beck, 1983). Existing literature provides various frameworks to explain the mechanism by which autonomy relates to psychological symptomatology (Fresco et al., 2001; Hayaki et al., 2003; Mendelson et al., 2002; Marfoli et al., 2021; Yıldız, 2022). According to Self-Determination Theory (SDT) (Deci & Ryan, 2012), optimal human functioning relies on the satisfaction of three fundamental psychological needs: autonomy, competence, and relatedness. A critical synthesis can be drawn between SDT and Beck's cognitive theory of personality, specifically regarding the dimension of relatedness. In Beck's framework, highly autonomous individuals—characterized by a rigid pursuit of independence and achievement—may perceive the need for relatedness as a form of "dependency" or "weakness." Consequently, they might interpret social reliance as a personal deficiency. Given that the modern world is a complex web of social interdependencies, these strong autonomous personality traits may inadvertently create vulnerability to psychological symptoms by obstructing the fulfillment of the essential need for relatedness.

A literature review indicates that research examining depression, anxiety, and stress within the sociotropy–autonomy framework is relatively common. Higher sociotropy and autonomy levels have been associated with increased psychological symptoms (Fresco et al., 2001; Punhani & Sharma, 2025). These personality traits are also considered in clinical practice and used therapeutically in psychological treatment. These traits have been linked to key CBT-related constructs, such as ruminative thought processes (Martinez et al., 2020), psychological flexibility (Dağlı et al., 2025), and emotion regulation or difficulties in emotion regulation (Liu et al., 2024; Aldao & Nolen-Hoeksema, 2012). Emotion regulation has become a widely investigated variable, particularly in relation to mood states. The current literature consistently links emotion dysregulation with pathological personality traits (Pollock et al., 2016; Messina et al., 2026). However, there is growing scientific interest in the role of emotion regulation within non-pathological personality dimensions—such as sociotropy and autonomy—which may serve as underlying mechanisms for psychological distress.

Emotion regulation is defined as the set of processes involved in monitoring, modifying, and influencing emotional responses, including their duration, intensity, and frequency. These processes may operate either consciously or unconsciously (Gross, 1998). Over the years, research has demonstrated that individuals differ in the strategies they use to regulate their emotions, and some individuals experience difficulties in effectively managing their emotional responses (Cole, 2014). Consequently, a distinct construct—difficulty in emotion regulation—has emerged in the literature. This term refers to individuals' struggles to modulate their emotions and thoughts when the emotional coping process is disrupted (Cole et al., 1994). A sustained inability to manage negative affect may amplify these emotions over time, ultimately contributing to emotional numbing (Napolitano et al., 2011). Furthermore, various psychological symptoms may emerge when individuals are unable to cope effectively with their emotions. Depressive

symptoms, anxiety, and difficulties in stress management are among the psychological outcomes most commonly associated with this inability (Hofmann et al., 2012; Daros et al., 2021). The relationship between personality traits and emotion regulation has also been a focus of increasing attention in the literature, with emotion regulation skills appearing to function as a personality-related variable (Katar et al., 2023; Pollock et al., 2016). Moreover, empirical evidence suggests that difficulty in emotion regulation mediate the association between personality traits and psychological symptoms (Abdi & Pak, 2019; Zarei et al., 2018). Although emotion regulation has been widely examined—particularly in relation to other pathological personality traits—the associations between sociotropy, autonomy, and difficulty in emotion regulation remain relatively underexplored. Considering that sociotropy and autonomy are central constructs within CBT, investigating their relationship with emotional processes and their influence on psychological symptoms through the framework of difficulty in emotion regulation may enrich the literature by clarifying the links between these concepts within theoretical models and therapeutic practice. In line with this rationale, the following hypotheses were tested:

H1. A statistically significant relationship was expected among participants' levels of sociotropy, autonomy, difficulty in emotion regulation, and psychological symptoms.

H2. Difficulty in emotion regulation was expected to mediate the relationship between participants' sociotropy scores and their psychological symptom levels.

H3. Difficulty in emotion regulation was expected to mediate the relationship between participants' autonomy scores and their psychological symptom levels.

METHOD

Participants

In the present study, participants were recruited through the snowball method, a form of non-probability sampling. This approach was considered the most appropriate for the study (Golzar et al., 2022), as it enables researchers to access participants easily, quickly, and cost-effectively. The required sample size was determined using the G*Power program (Faul et al., 2007), based on the study's hypotheses. For the regression analyses, the a priori power analysis indicated that a sample size of 200 would provide 95% statistical power to detect a high-order effect at a significance level of α=0.05.

The inclusion criteria for the study were residing in Türkiye, being 18 years of age or older, being literate in Turkish, not having a comorbid psychiatric or neurological diagnosis, and providing voluntary informed consent. Based on these criteria, the final sample consisted of 341 participants. Data were collected through two modalities: 199 participants were recruited online via Google Forms, and 151 participants were reached through face-to-face administration across various regions of Türkiye. Nine participants were excluded from the study because their data did not meet the inclusion criteria.

Table 1. Demographic characteristics of the participants

Variables	Category	n	%
Gender	Female	275	78.6
	Male	74	21.1
Marital status	Married	82	23.4
	Single	262	74.9
	Divorced	6	1.7
Educational status	Primary School	4	1.1
	Middle School	2	0.6
	High School	68	19.4
	Undergraduate/Graduate	247	70.6
Residence	Village	15	4.3
	District	59	16.9
	City	109	31.1
	Metropolitan Area	167	47.7

Examination of the participants' characteristics showed that their ages ranged from 18 to 71 years (M=26.99, SD=9.81). Of the total sample, 275 participants were identified as female and 74 as male. Regarding marital status, 82 (23.4%) participants were married, 262 (74.9%) were single, and 6 (1.7%) were divorced. A total of 143 participants were actively employed, while 198 (56.6%) were unemployed or students. The monthly income levels ranged from 0 TL to 100,000 TL (0€ to nearly 2,000€) (M=16,063, SD=7.86). Additional sociodemographic information can be found in Table 1.

Materials

To assess the sociodemographic characteristics of the participants, a sociodemographic information form was developed by the researchers and included in the questionnaire battery alongside the following scales.

Sociotropy–Autonomy Scale

The Sociotropy–Autonomy Scale was developed by Beck et al. in 1983 to assess the two personality dimensions that confer vulnerability to depression. Sociotropy is characterized by a strong emphasis on interpersonal relationships, whereas autonomy reflects a focus on personal achievement and independence. The scale consists of 60 items, with 30 items

for each subscale, and contains no reverse-scored items. It is a self-report measure rated on a 5-point Likert scale. Higher scores on each subscale indicate a greater prominence of that personality characteristic. The Turkish adaptation of the scale was conducted by Şahin, Ulusoy, and Şahin (1993). In their validation study, Cronbach's alpha coefficients were reported as α=0.70 for the Sociotropy subscale and α=0.81 for the Autonomy subscale, demonstrating that the scale possesses adequate reliability and validity. Cronbach's alpha coefficients were calculated as α=0.86 for the total scale, α=0.88 for the sociotropy subscale, and α=0.85 for the autonomy subscale.

Difficulties in Emotion Regulation Scale–Short Form (DERS-SF)

The Difficulties in Emotion Regulation Scale was originally developed by Gratz and Roemer (2004) to assess individuals' difficulties in regulating their emotions. The original version consists of 36 items and includes six subscales. In 2016, Bjureberg et al. (2016) revised the measure and introduced the 16-item short form (DERS-SF). The Turkish adaptation of the short form was conducted by Yiğit and Guzey-Yiğit (2017). The scale is a 5-point Likert-type measure with total scores ranging from 16 to 80. Higher scores indicate greater difficulty in emotion regulation. In the Turkish validation study, Cronbach's alpha coefficients were reported as α=0.92 for the total scale, α=0.84 for the Clarity subscale, α=0.84 for the Goals subscale, α=0.87 for the Impulse subscale, α=0.87 for the Strategies subscale, and α=0.78 for the Non-Acceptance subscale (Yiğit & Guzey-Yiğit, 2017). In this study, only the total score was used, treating emotion regulation difficulty as a single-dimensional construct. Cronbach's alpha coefficients calculated for the current sample were α=0.93 for the total scale, α=0.85 for Clarity, α=0.81 for Goals, α=0.87 for Impulse, α=0.86 for Strategies, and α=0.82 for Non-Acceptance.

Depression Anxiety Stress Scales–21 (DASS-21)

The DASS-21 is a self-report instrument designed to assess levels of depression, anxiety, and stress. The original 42-item scale was shortened by Henry and Crawford (2005) to develop the 21-item version. The DASS-21 consists of 21 items, with 7 items allocated to each subscale: depression, anxiety, and stress. Higher scores indicate higher levels of psychological symptoms. Items 3, 5, 10, 13, 16, 17, and 21 are grouped for the Depression subscale; items 2, 4, 7, 9, 15, 19, and 20 for the Anxiety subscale; and items 1, 6, 8, 11, 12, 14, and 18 for the Stress subscale. The Turkish adaptation and validation of the scale were conducted by Sarıçam (2018). In the Turkish study, Cronbach's alpha coefficients were reported as α=0.87 for the Depression subscale, α=0.85 for the Anxiety subscale, and α=0.81 for the Stress subscale, demonstrating that the scale has acceptable psychometric properties. The subscales were not analyzed separately; instead, all items were summed to produce a total score reflecting overall psychological symptom severity. This scoring approach has also been adopted in previous research (Osman et al., 2012; Singh et al., 2022; Soria-Reyes et al., 2024), and the same rationale was applied here. For the current sample, Cronbach's alpha coefficients were calculated as α=0.93 for the total scale, α=0.86 for the Depression subscale, α=0.83 for the Anxiety subscale, and α=0.84 for the Stress subscale.

Procedure

Ethical approval for the study was obtained from the Bursa Technical University Ethics Committee for Science, Engineering, and Social Sciences Research (Approval No. E-69707128-050.02.04-131800). Informed consent was obtained from all participants prior to data collection. The questionnaires were administered in a counterbalanced order. Data were collected through online and face-to-face methods. This approach was adopted to reach individuals across diverse age groups and educational levels. In the countries where the data were collected, younger participants were generally more receptive to digital data collection methods than middle-aged and older adults. Therefore, face-to-face data collection was also performed. Data collection was conducted between December 2023 and October 2024. The collected data will be stored in both digital and hard-copy formats by the researchers for a period of 5 years, after which they will be securely destroyed. Data analyses were performed using IBM SPSS Statistics (Version 22) and the PROCESS macro (Hayes, 2013).

Data Analysis

This study employed a cross-sectional research design to examine the relationships among the variables. The dataset was screened and prepared for analysis prior to data analysis, and the assumptions underlying the planned statistical analyses were examined. No missing data were identified during the data screening. Additionally, the data were assessed for outliers, and no outlier values were detected. Following data preparation, descriptive statistics, including means, standard deviations, skewness, and kurtosis values, were calculated to assess the assumption of normality. These indices indicate that the data were normally distributed. Pearson correlation analyses were conducted to examine the relationships among the variables in testing the study hypotheses. Multiple regression analyses were performed to identify variables predicting psychological symptom levels. Finally, the mediating role of difficulties in emotion regulation in the relationship between sociotropy and autonomy and psychological symptom levels was examined using Hayes' (2013) PROCESS macro (Model 4).

Table 2. Results of the correlation analysis for the variables

Variables	1	2	3	4	Mean	SD
1. Levels of psychological symptoms	1	0.410**	0.161**	0.656**	23.8	5.64
2. Sociotropy		1	0.038	0.517**	59.6	16.4
3. Autonomy			1	0.121*	78.9	13.9
4. Difficulties in emotion regulation				1	21.3	12.6

*: p<0.05; **: p<0.001; SD: Standard deviation.

RESULTS

The analyses examined the relationships between psychological symptom levels and sociotropy, autonomy, and emotional regulation difficulties. The first aim of the present study was to identify the associations among these variables, whereas the second aim was to test the mediating role of difficulties in emotion regulation. Given that two data collection methods (online and face-to-face) were employed, it is important to examine whether the mode of data collection influenced the results to ensure the validity and accuracy of the findings. Accordingly, control analyses were conducted to examine whether the data collection method influenced the study variables. Independent sample t-tests were performed for this purpose. The data collected through face-to-face and online methods were coded as distinct groups for analysis. An independent sample t-test was conducted, with the primary measures of the study treated as dependent variables. The results indicated no statistically significant differences between the groups across any of the variables: sociotropy $t(337)=-0.002$, $p>0.05$, autonomy $t(344)=1.13$, $p>0.05$, psychological distress $t(341)=-0.643$, $p>0.05$, and emotion dysregulation $t(337)=1.02$, $p>0.05$. These findings suggest that the data collection mode did not systematically bias the scores of the participants. Subsequent analyses were conducted using the combined dataset based on these findings.

First, the relationships among the variables were examined using Pearson correlation analysis. The results indicated that psychological symptom levels were positively and significantly correlated with sociotropy ($r=0.41$, $p<0.01$), autonomy ($r=0.16$, $p<0.05$), and difficulties in emotion regulation ($r=0.65$, $p<0.01$). Sociotropy was not significantly associated with autonomy ($r=0.03$, $p>0.05$); however, it was positively and significantly correlated with emotion regulation difficulties ($r=0.51$, $p<0.01$). Autonomy was also positively and significantly correlated with emotion regulation difficulties ($r=0.12$, $p<0.05$) (Table 2).

The mediating role of difficulties in emotion regulation was examined using two separate models. The first model tested whether difficulties in emotion regulation mediated the relationship between sociotropy and psychological symptom levels, whereas the second model tested the mediating role of difficulties in emotion regulation in the relationship between autonomy and psychological symptom levels. Both models were tested using the PROCESS macro Model 4 (Hayes, 2013).

In the first mediation analysis, sociotropy was entered as the independent variable (X), psychological symptom level as the dependent variable (Y), and difficulties in emotion regulation as the mediating variable (M). The results indicated that sociotropy significantly predicted difficulties in emotion regulation ($b=0.39$, $p<0.001$, 95% CI [0.32, 0.46]). In turn, difficulties in emotion regulation significantly predicted psychological symptom levels ($b=0.52$, $p<0.001$, 95% CI [0.44, 0.61]). When the mediating variable was included in the model, both the direct effect of sociotropy on psychological symptom levels ($b=0.06$, $p=0.04$, 95% CI [0.00, 0.13]) and the indirect effect through difficulties in emotion regulation ($b=0.20$, 95% CI [0.15, 0.26]) were found to be significant. These findings indicate that difficulties in emotion regulation mediate the relationship between sociotropy and psychological symptom levels (Fig. 1).

The second model examined the mediating role of difficulties in emotion regulation in the relationship between autonomy and psychological symptom levels. In PROCESS Model 4, autonomy was specified as the independent variable (X), the total score of the Depression Anxiety Stress Scale as the dependent variable (Y), and the total score of the Difficulties in Emotion Regulation Scale as the mediating variable (M). The results indicated that autonomy did not significantly predict difficulties in emotion regulation ($b=0.07$, $p=0.16$, 95% CI [−0.02, 0.16]). However, difficulties in emotion regulation significantly predicted psychological symptom levels ($b=0.57$, $p<0.001$, 95% CI [0.49, 0.63]). The direct effect of autonomy on psychological symptom levels was also significant ($b=0.10$, $p<0.01$, 95% CI [0.03, 0.16]). The indirect effect was not significant, indicating that difficulties in emotion regulation did not mediate the relationship between autonomy and psychological symptom levels (Fig. 2).

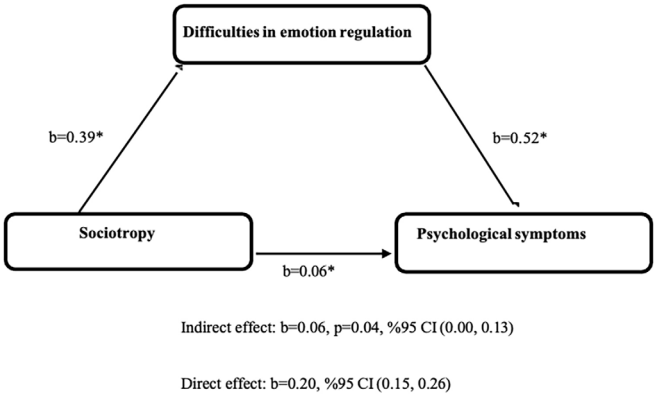

Figure 1. Mediating role of difficulties in emotion regulation between sociotropy and psychological symptom levels.

*: p<0.05.

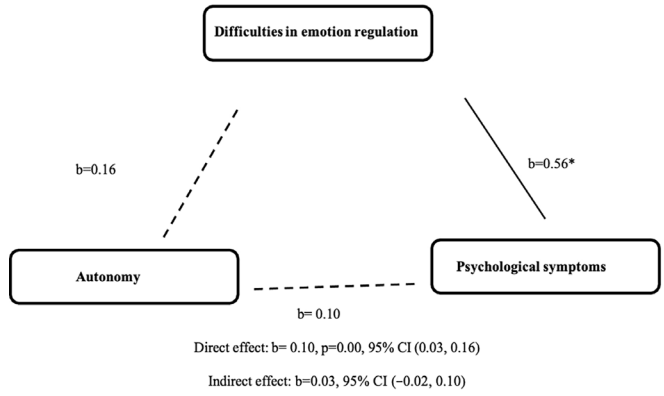

Figure 2. Mediating role of difficulties in emotion regulation between autonomy and psychological symptom levels.

*: p<0.05.

DISCUSSION

This study specifically examines the relationship between sociotropy and personality traits of autonomy, as conceptualized within the framework of cognitive theory, and psychological symptom levels. Although this relationship has been extensively investigated in the literature (Pandey & Sarnallı-Sarkar, 2025; Martinez et al., 2020), the current study aims to contribute to the existing body of research by elucidating the role of difficulties in emotion regulation in the association between sociotropy and personality traits and psychological symptoms, which constitutes the primary objective of the study.

The correlation analyses revealed positive and significant associations between sociotropy and personality traits, psychological symptom levels, and difficulties in emotion regulation. These personality constructs—sociotropy and autonomy—have been conceptualized as vulnerability-related traits characterized by relatively maladaptive features (Beck et al., 1983). Accordingly, such maladaptive personality characteristics may adversely affect the psychological functioning of individuals (Yüce & Polat, 2025).

The findings of this study agree with those of previous research in this regard. In contemporary literature, difficulties in emotion regulation are conceptualized as a supra-theoretical construct. Moreover, research on personality traits indicates that personality characteristics influence the emotional processes of individuals (John & Gross, 2004). Negative emotions exert significant cognitive influences that may activate maladaptive thought patterns and contribute to the emergence and maintenance of various psychological symptoms (Abramowitz & Berenbaum, 2007; De Vuyst et al., 2019; Watson & Sinha, 2008).

From a cognitive–behavioral perspective, difficulties in identifying, understanding, and regulating emotional experiences may intensify these maladaptive cognitive processes, thereby increasing psychological distress. In line with this theoretical framework, the present study found positive associations between sociotropy and autonomy personality traits and difficulties in emotion regulation, suggesting that vulnerability-related personality characteristics may predispose individuals to emotion regulation impairments. Individuals with elevated sociotropy may exhibit heightened sensitivity to interpersonal stressors, whereas those with elevated autonomy may experience increased distress when personal standards or control are threatened. Ineffective emotion regulation may amplify emotional reactivity in both cases. Furthermore, the observed positive relationship between difficulties in emotion regulation and psychological symptom levels supports existing evidence indicating that impaired emotion regulation functions as a key transdiagnostic mechanism underlying psychological psychopathology (Lincoln et al., 2022). Taken together, these findings highlight emotion regulation as a potential explanatory mechanism linking personality vulnerabilities to psychological symptoms and underscore its clinical relevance as a central target in psychological interventions.

Individuals who are able to effectively regulate their emotions tend to report lower levels of psychological symptoms, suggesting higher psychological functioning and better overall adjustment (Ford et al., 2018; Watson & Sinha, 2008). In contrast, difficulties in emotion regulation are associated with increased psychological distress and symptom severity (Bradley et al., 2011). In this regard, difficulties in emotion regulation may be conceptualized as a

central mechanism linking sociotropy traits to psychological symptoms. From a clinical perspective, focusing on emotion regulation processes may yield significant benefits for clinicians and clients. Although addressing personality traits within therapeutic formulations can pose challenges due to their relatively stable and pervasive nature (Jones, 2011), reframing clinical formulations through the lens of emotion regulation may enhance therapeutic flexibility and effectiveness. Such an approach may facilitate the therapeutic gains of clients and broaden the intervention strategies of clinicians. To empirically support this conceptualization, it is essential to examine the interrelations among personality traits, difficulties in emotion regulation, and psychological symptoms. The primary aim of the present study was to clarify these relationships and test the role of difficulties in emotion regulation within this framework.

The findings of this study indicate that personality traits exert differential effects on the relationship between emotion regulation and psychological symptoms. Specifically, difficulties in emotion regulation mediate the relationship between sociotropy and psychological symptom levels, whereas no mediating effect of emotion regulation was observed in the relationship between autonomy and psychological symptoms. Considering the defining characteristics of sociotropy—such as a heightened need for approval from others and an increased emphasis on interpersonal relationships (Beck et al., 1983)—individuals with elevated sociotropy may be particularly vulnerable to emotion regulation difficulties in interpersonal contexts, which in turn may contribute to increased psychological distress. Accordingly, individuals with elevated levels of these personality traits may rely on others to meet many of their emotional and psychological needs. Empirical evidence further suggests that individuals with higher sociotropy experience greater difficulties in regulating their emotions (Crow et al., 2014). In individuals characterized by high sociotropy, the inability to obtain interpersonal validation for their emotional experiences may further intensify the severity of psychological symptoms (Akdemir, 2023). In this context, emotion regulation emerges as a particularly salient mechanism in the association between personality traits and psychological symptoms. The present study contributes to the literature by elucidating the mechanism through which difficulties in emotion regulation operate in these relationships (Fig. 1, 2).

Another model tested in the present study examined the mediating role of difficulties in emotion regulation in the relationship between autonomy and psychological symptom levels; however, this model was not supported. Although the personality trait of autonomy significantly predicted psychological symptom levels, it did not predict difficulties in emotion regulation; therefore, no mediating effect was observed. This finding is noteworthy because autonomy is characterized by an emphasis on independence, personal achievement, and control (Beck et al., 1983; Clark et al., 1992). Another point of discussion concerns the conceptualization of autonomy. In the second model, no significant relationship was found between autonomy and emotion dysregulation. According to SDT (Deci & Ryan, 2012), autonomy is a fundamental psychological need alongside competence and relatedness. However, within the framework of Beck's Cognitive Theory (Beck et al., 1983), autonomy reflects a rigid, often maladaptive, need for independence. The current findings suggest that participants may struggle to reconcile independence with relatedness. Accordingly, an inability to connect with one's emotions may further impair emotion regulation processes. Future research integrating the variables of SDT into the current model would be instrumental in validating and strengthening these conclusions.

The results of the present study also suggest that higher levels of autonomy may be associated with greater difficulties in emotion regulation; however, this association was not statistically significant. Accordingly, it may be inferred that additional variables (cognitive flexibility, ruminations, etc.) may influence this relationship, particularly with respect to the initial path of the tested model (autonomy & difficulties in emotion regulation). Individuals with high levels of this specific type of autonomy might perceive interpersonal connection as a sign of weakness or a threat to their self-reliance. Consequently, such a negative appraisal of social bonds may increase the association of autonomy with greater emotion dysregulation. Another point of discussion regarding this finding may involve the demographic characteristics of the participants. The participants of the current study were predominantly Turkish women. In Turkey, particularly among women, autonomous traits may be less developed. This is often associated with child-rearing practices, economic inequalities, and violence against women (Aktaş, 2013). Consequently, rather than the expected mediating role of emotion dysregulation, the relationship in this study might actually be linked to factors such as social isolation and loneliness. Future research could specifically consider this distinction when comparing empirical findings.

Variables that are theoretically linked to personality traits and emotion regulation—such as psychological resilience (Orakçı, 2021; Dağlı et al., 2025), ruminative thinking style (Martinez et al., 2020), and maladaptive schemas (Otani et al., 2018)—may represent important mechanisms underlying this association. Future research examining these variables as potential mediators or moderators may further clarify the complex relationship between autonomy and emotion regulation.

From a clinical practice perspective, evaluating models that include autonomy may yield important implications. Individuals characterized by elevated autonomy may exhibit limited awareness of or engagement with both their own emotions and those of others (Otani et al., 2014). In such cases, directly targeting emotion regulation as a primary therapeutic goal may not always be realistic or immediately feasible. Systematic assessment and incorporation of autonomous personality traits into case formulations may enhance clinical utility and allow for more tailored intervention strategies, particularly among individuals presenting with subthreshold mood symptoms. Such an approach may increase potential therapeutic gains for clients and broaden the conceptual and intervention frameworks of clinicians.

Another important contribution of this study is its focus on the relationships between sociotropy/autonomy and emotion regulation in a nonclinical sample. Although previous research has extensively examined the association between sociotropy/autonomy and difficulties in emotion regulation in individuals with psychiatric diagnoses (Cassin & von Ranson, 2005; Martinez et al., 2020), the role of emotion regulation in the relationship between personality traits and psychological symptom levels in individuals without a formal diagnosis has received limited attention. In this study, participants reported relatively low levels of psychological symptoms; nevertheless, the findings underscore the significance of emotion regulation even within a nonclinical population. These results suggest that emotion regulation difficulties may function as an important vulnerability factor across the continuum of psychological functioning, extending beyond clinically diagnosed groups (or subthreshold groups).

CONCLUSION

In conclusion, the findings of the present study indicate that difficulties in emotion regulation mediate the relationship between the sociotropic personality trait and psychological symptom levels in a nonclinical sample, whereas no mediating effect was observed when autonomy was specified as the independent variable. This differential pattern represents a noteworthy consideration for cognitive formulations in personality research and clinical assessment. Evaluating these findings across diverse populations and research contexts may help refine theoretical models and enhance the applicability of personality-based formulations in clinical and field settings.

Although the findings of this study yield meaningful conclusions, they should be interpreted in light of several limitations related to the characteristics of the participant sample. Specifically, the majority of the participants were women, and the sample was limited to individuals residing in Türkiye, which may restrict the generalizability of the results. Therefore, the proposed model should be replicated in more diverse and demographically balanced samples to enhance external validity. The total DASS-21 score was used in this study instead of its individual subscales. While using the total score is a psychometrically valid approach for assessing overall distress, it is a limitation of the current study, as it does not allow for a more nuanced analysis of depression, anxiety, and stress as independent constructs. Furthermore, the study employed a cross-sectional design, which precludes causal inferences regarding the observed relationships among variables. To strengthen the validity of the proposed model, future research would benefit from employing experimental and longitudinal designs, thereby allowing for a more robust examination of temporal and causal relationships among variables. In addition, clinical case studies may provide more nuanced insights into the underlying mechanisms, particularly when qualitative analyses are used (Chamberlain et al., 2004). Qualitative evaluations focusing on the role of autonomy-related personality traits in emotion regulation processes may be particularly informative. Furthermore, future studies should examine additional variables—such as psychological flexibility, ruminative thinking patterns, and other relevant personality traits—that may contribute to cognitive formulations within the personality traits–difficulties in emotion regulation–psychological symptom level framework using alternative or extended model structures.

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